

State File No. **37456**
 Registrar's No. **10323**

BIRTH NO. _____		REG. DIST. NO. _____		418 PRIMARY REG. DIST. NO. _____		1003 Registrar's No. _____		10329	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Charles					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN O'Fallon					
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Luke's Hospital				d. STREET ADDRESS (If rural, give location) Route 1					
3. NAME OF DECEASED (Type or Print) a. (First) Frederick b. (Middle) Lee c. (Last) Gentemann				4. DATE OF DEATH (Month) (Day) (Year) October 31, 1957					
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH Feb. 13, 1946		9. AGE (In years last birthday) 11	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student				10b. KIND OF BUSINESS OR INDUSTRY School		11. BIRTHPLACE (State or foreign country) O'Fallon, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME M.F. Gentemann				13b. MOTHER'S MAIDEN NAME Edna Mae Fierling		14. NAME OF HUSBAND OR WIFE None			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS M.F. Gentemann, O'Fallon, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Menigitis, Acute Purulent ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. O.K. to Burial Josephine Gentemann 11/4/57 340.3					
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>10-30, 1957</u> , to <u>10-31, 1957</u> , that I last saw the deceased alive on <u>10-30, 1957</u> , and that death occurred at <u>2:15 p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Harold A. Mangold D.O.				23b. ADDRESS O'Fallon, Mo.				23c. DATE SIGNED 10-31-57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 11-1-57		24c. NAME OF CEMETERY OR CREMATORY Assumption Cemetery		24d. LOCATION (City, town, or county) (State) O'Fallon, Mo.			
DATE REC'D BY LOCAL REG. NOV 1 57		REGISTRAR'S SIGNATURE J. Carl Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Keithly Funeral Home, O'Fallon, Mo.					
(Licensed Embalmer's Statement on Reverse Side)									

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

11-1-17

Remove